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Regional variations in care planning in Northern Ireland: An infringement of the children's rights

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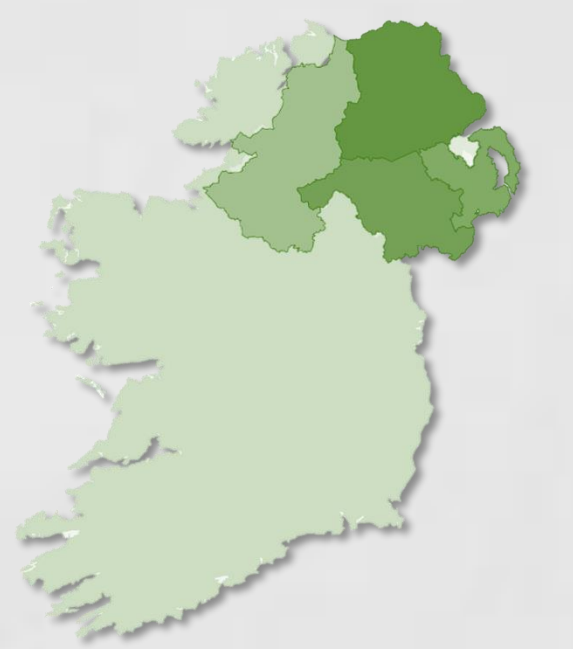
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REGIONAL VARIATIONS IN CARE PLANNING IN NORTHERN IRELAND: AN INFRINGEMENT OF THE CHILDREN'S RIGHTS



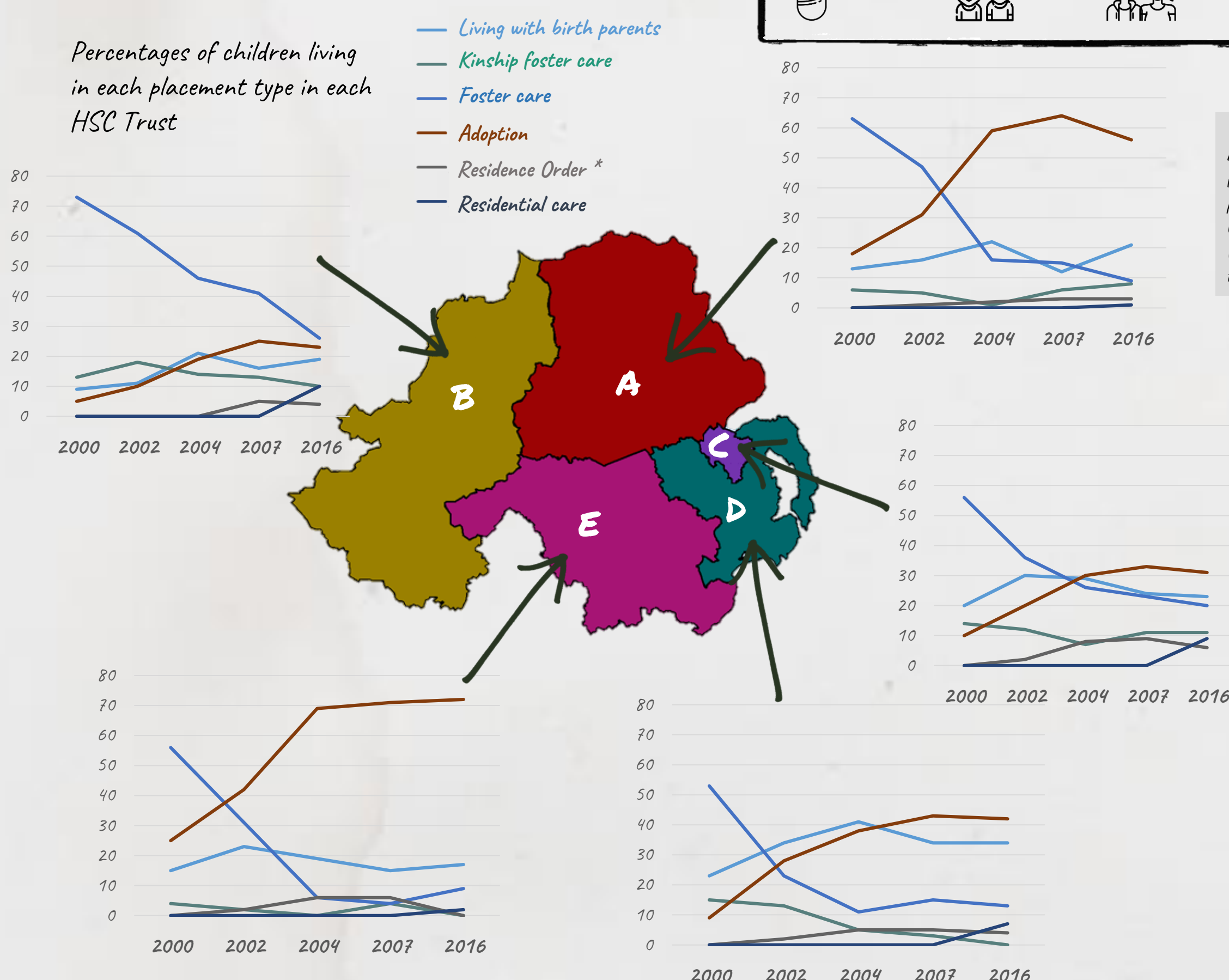
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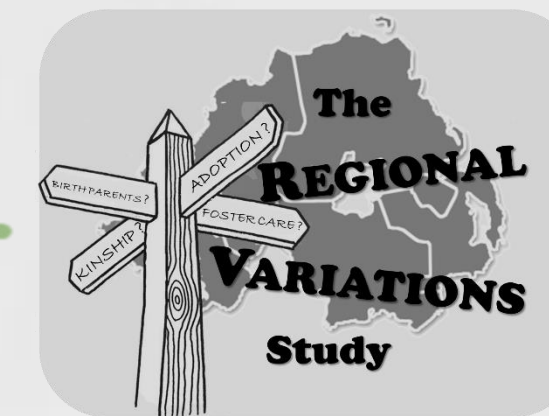
WHAT?

Regional variations re
the placements of
children taken into
care

In the **Care Pathways and Outcomes Study**, we found a significant relationship between the type of placement the children ended up living in and the Health and Social Service (HSS) Board area responsible for them.



WHY these differences?



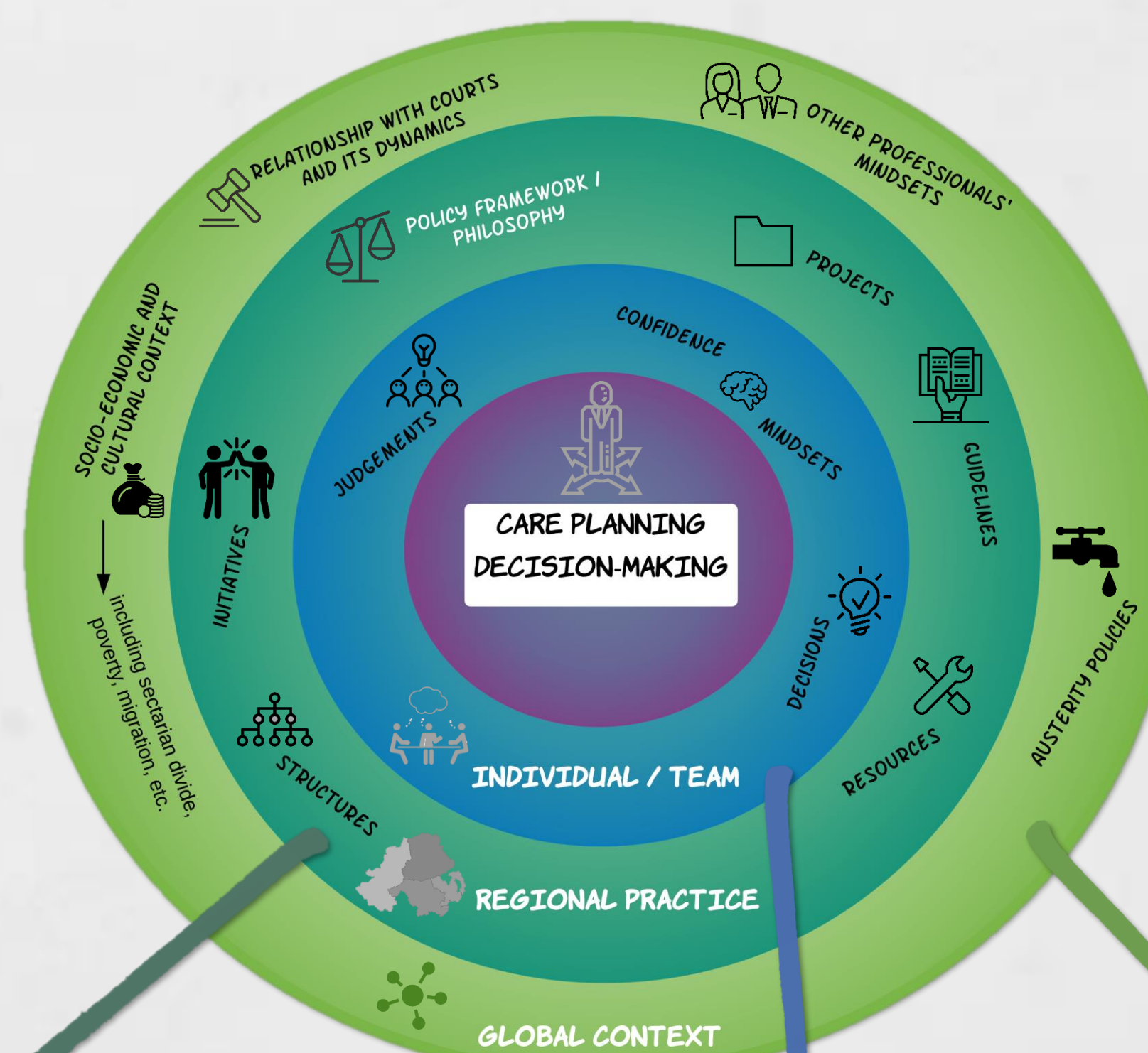
This study aimed to explore the reasons behind it. Between Jan 2015 and May 2016, we conducted **focus groups** with **senior managers** involved in care planning in each of the 5 HSC Trusts in NI.

WHAT DOES IT MEAN?

This suggests geographic variations in decision-making and care planning, leading to a **'postcode lottery'** for children who enter care. This is partly a result of the Trusts' differing mindsets, organisational cultures and practices, their geographical and social realities, and their resources.

On the basis of the **UN Convention on the Rights of the Child (UNCRC)**, children should have the same opportunities, and any postcode lottery regarding children's placements should be considered an **infringement** of these rights.

Based on the study findings, we developed
**AN ECOLOGICAL MODEL OF
DECISION-MAKING IN CARE
PLANNING**



A regional policy and guidance document should be developed and implemented in collaboration with the 5 HSC Trusts in NI, taking into account best practice in each Trust, and being mindful of differing socio-economic and cultural characteristics of each area, especially in terms of poverty, ethnic minority population and sectarian division/conflict. Governments have responsibilities in meeting UNCRC obligations.

REGIONAL PRACTICE FACTORS

In terms of **policy frameworks**, all the participants mentioned permanence and stability, and followed the broad regional policy principles.

However, **practices, structures and Trust guidelines** somewhat differed, with those in Trusts A, D and E supporting adoption to a greater degree. For instance, Trust D participants mentioned the existence of a permanence team (which they argued did not exist in the other Trusts), and Trust A participants talked about their permanence policy that instructed them to mention adoption in the children's first LAC review, as well as their concurrent placements (which they believed did not exist in the other Trusts). In Trust E, participants explained they were in the process of starting concurrent placements, and beginning to recruit concurrent carers.

... it's the only Trust that has a permanence team and it's really looking at proceeding those care plans quicker ... For permanence via adoption ... there's been a lot of drive towards presentation at the permanence panels and at an earliest possible stage and trying to follow the permanence policy around.....presenting within three months of coming into care and then being reviewed....

Participant in Trust D

INDIVIDUAL/TEAM FACTORS

In terms of social workers' **confidence** to stand by their assessments in Court, while participants in Trust A & B argued that social workers were confident, participants in Trust E felt that some social workers weren't confident enough to fight battles such as contact. Participants in different Trusts talked about specific **mindsets** (eg children have to be 'perfect enough' to be adopted, in Trust C) in their organisation that influenced the type of placement favoured for particular children.

... the adoption panel were knocking this back because... there were certain personalities that had powerful decision-making positions in this Trust, where you were being sent away from the panel with what was a very valid case, because particular individuals felt that 'no, this child wasn't perfect enough for our adoption system!'

Participant in Trust C

GLOBAL CONTEXT FACTORS

Participants in most Trusts referred to the difficult relationship they held with **the Courts**, particularly in terms of large disagreements and a rise in the use of independent experts and assessments.

Participants also mentioned a range of different **socio-economic and cultural factors**, particularly when trying to place children (ie poverty levels, ethnicity, and sectarian divide). Participants in Trust B explained that the endemic rural poverty in their Trust, coupled with the economic downturn, had impacted on the ability of carers to take on Residence Orders for fear of losing supports. In Trust C, participants talked about kinship placements being located in high deprivation areas. Participants in Trust E suggested there is more reliance on kinship carers in an urban Trust than there is in a rural one. In Trust E, there was a significant BME population in the Trust, which was overrepresented in their LAC statistics.

... in certain parts of the Trust, there is an over-representation of black and or the ethnic children in looked after children's statistics which is why it probably becomes a little less significant, but certainly for some of our social work teams, and we are very much dependant on the families then to share information about their relatives in their country of origin, sometimes they do, sometimes they don't, but we are greatly limited in terms because there is no sort of extended family that the child can keep in touch with ...

Participant in Trust E

BACKGROUND

Worldwide, when children are being abused or considered at risk, decisions are made whether or not to remove them from the care of their birth parents, and about alternative placement. In Northern Ireland, Health and Social Care (HSC) Trusts (equivalent to local authorities in Great Britain) have a duty to investigate when it is believed that a child is suffering or likely to suffer significant harm. In some cases, children are then removed from their parents, and placed into either kinship foster care, non-kinship foster care, or residential care (primarily for teenagers). However, in some cases, children remain living with their birth parents while the Trust makes an application for a Care Order (CO), and on some occasions thereafter, even when a CO is granted. In cases where children are deemed unlikely to be able to return to their birth parents, adoption can be pursued, where birth parents lose their parental responsibility for the child. Sometimes, kinship and non-kinship foster carers might apply to have the CO superseded by a Residence Order, which takes the child out of the care system.

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